

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024578

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

FILED JUL 2 1962

Primary Registration District No.

1003

Registrar's No.

6191

STATE FILE NUMBER

VS 300  
Rev. 4/59

1

2 215

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12 86-0

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86

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. LouisLength of stay in 1b  
6 mos.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Our Lady of Perpetual  
HelpInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Inside Limits  
Yes ☒ No ☐c. CITY  
OR TOWN

St. Louis

d. STREET  
ADDRESS(If outside, give location)  
5044 Alaska AvenueReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

ANNA

Middle

MARIE

Last

ECKERT

4. DATE  
OF DEATH

Month

June

Day

21,

Year

1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

12/10/82

## 9. AGE (last birthday)

79 yrs.

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

At Home

## 11. BIRTHPLACE (City and state or country)

Okawville, Illinois

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Henry Temme

## 13b. MOTHER'S MAIDEN NAME

Mary Blumhorst

## 14. NAME OF HUSBAND OR WIFE

William E. Eckert

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

(If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mr. Wilbert E. Eckert, 4022 So. Spring

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

CORONARY THROMBOSIS

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

ARTERIO-SCLEROSIS

## DUE TO (c)

33-2X

INTERVAL BETWEEN  
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

DIABETES

MELLITUS

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☒ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from Aug, 1959 to PRESENT.

and last saw her alive on 6/20/62, 12:00 noon.

Death occurred at 6:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Paul M. Larson, M.D.

## 22b. ADDRESS

3854 South Grand

## 22c. DATE SIGNED

6/21/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

## 23b. DATE

June 23, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

St. Trinity Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis County,

Missouri.

## 24. FUNERAL DIRECTOR

ADDRESS

Beiderwieden F.H.Inc., 1936 St. Louis (6)

## 25. DATE RECD. BY LOCAL REG.

JUN 22 1962

## 26. REGISTRAR'S SIGNATURE

Karl Smith, M.D.

Dr. Paul Harper  
3654 So. Grand

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.